

# Maricopa County Coinsurance

2010

The coinsurance pharmacy benefit is a multi-level plan where a co-insurance is charged for each prescription. You may obtain your covered medications from 3 different sources:

**Retail 30-day supply** - available for prescriptions you need right away or prescriptions that you will use for a short time only. You have over 65,000 pharmacies to choose from including Walgreens, Fry's, Safeway, Costco and Wal-Mart (just to name a few). To locate the nearest retail pharmacy in your network, please call 1-800-207-2568 or access the [www.mywhi.com](http://www.mywhi.com) website. **You may fill up to two 30-day fills of all maintenance medications. All other refills of maintenance medications must be filled through certain retail 90-day supply pharmacies (see below), or through mail service.**

**90-day supply** - available for medications that you will take for long term or as a maintenance drug. Examples of maintenance medications are insulin, asthma inhalers, high blood pressure medications, and oral contraceptives. After the first two fills of maintenance medication, you will be required to obtain a 90-day supply at any of the more than 6,500 Walgreens neighborhood pharmacies or through mail service.

**Mail Service 90-day supply** –available to fill up to a 90-day supply of maintenance medication, or a medication you will take for chronic health conditions. You can order your 90-day supply of medication from Walgreens Mail Service. Please remember to ask your doctor for a new 90-day prescription.

The coinsurance plan uses a preferred medication list, which can be found on [www.mywhi.com](http://www.mywhi.com).

There are 4 levels of covered medications on the coinsurance plan: generic, preferred brand, non-preferred brand, and specialty.

	Retail 30-day copays	Retail 90-day copays	Mail 90-day copays
Generic:	25% coinsurance Minimum \$2.00 Maximum \$12.00	25% coinsurance Minimum \$6.00 Maximum \$36.00	15% coinsurance Minimum \$6.00 Maximum \$28.00
Preferred Brands:	30% coinsurance Minimum \$5.00 Maximum \$40.00	30% coinsurance Minimum \$15.00 Maximum \$120.00	25% coinsurance Minimum \$15.00 Maximum \$70.00
*Non-Preferred Brands:	50% coinsurance Minimum \$40.00 No Maximum	50% coinsurance Minimum \$120.00 No Maximum	50% coinsurance Minimum \$120.00 No Maximum
Specialty Pharmacy Medications (not on Preferred Drug List)* :	*certain specialty medications require a prior authorization \$50.00	not available in 90-day supply	not available in 90-day supply

\*Non-preferred brands with a generic equivalent will have a copay of 50% of contract rate plus the cost difference between the brand and the generic.

**Clinical Prior Authorization** and Step Care Programs– Certain prescriptions may require clinical prior authorization before they will be covered. The categories/medications that require clinical prior authorization may include, but are not limited to:

- Acne Topical
- Atopic Dermatitis
- Insomnia Medications
- Symlin
- Step Care DPP-4-inhibitors
- ADHD/Narcolepsy
- Butorphanol
- Lamisil / Sporanox
- Step Care Leukotrienes
- Step Care Long Acting Beta 2 Agonists (LABA)
- Anabolic Steroids
- Byetta
- Migraine Medications
- Step Care Cox-II Inhibitors
- Anti-Emetics
- Certain Narcotic Medications
- Penlac
- Step Care Prilosec
- Anti-Obesity Medications
- Crinone 8%
- Ranexa
- Step Care SSRI's

To request approval, the pharmacy, the physician or you may call 1-877-665-6609. Please have available the name of your medication, physician's name, phone (and fax number, if available), your ID number, and your Rx Group number of 512229.

**Certain medications such as ibuprofen, naproxen, non-sedating oral antihistamines and all medications used to treat infertility, smoking cessation (unless you enroll and participate in the Smoke-Free Program), and erectile dysfunction are excluded through the Maricopa County prescription program.**